

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395404	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/17/2023
NAME OF PROVIDER OR SUPPLIER: LECOM AT PRESQUE ISLE, INC. STATE LICENSE NUMBER: 530402			STREET ADDRESS, CITY, STATE, ZIP CODE: 4114 SCHAPER AVENUE ERIE, PA 16508		
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F 0000	INITIAL COMMENT	F 0000			
F 0550 SS=D	Based on a Medicare/Medicaid Recertification, State Licensure, and Civil Rights Compliance Survey and an Abbreviated Survey in response to a complaint completed on March 17, 2023, it was determined that LECOM at Presque Isle, Inc., was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0550 SS=D	Continued from page 1 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	R61 and all residents will be examined and treated in the privacy of their own room or private examination room. The Nurses will be educated by the Director of Nursing/designee on passing medications in the residents' room or a private examination room. The Nursing Home Administrator will monitor the Director of Nursing/designee to ensure completion. The Assistant Director of Nursing/designee will audit random medication passes rotating throughout the facility to ensure privacy/dignity for the resident five (5) times a week times for four (4) weeks; weekly times four (4) weeks; and then monthly times two (2) weeks. The Director of Nursing/designee will complete random audits on 10% of residents rotation throughout the facility.	Completion Date: 04/27/2023 Status: APPROVED Date: 03/29/2023	

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F 0550 SS=D	Continued from page 2 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:	F 0550	The Director of Nursing/designee will monitor to ensure the audits are completed. Results of the audits will be reported at the Quality Assurance Performance Improvement meeting.		

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F 0550 SS=D	Continued from page 3 Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to provide medication administration in a manner that enhanced resident dignity for one of eight residents observed (Resident R61). Findings include: Review of the facility policy entitled, "Resident Privacy" dated as last reviewed 1/2/23, indicated that all residents will be examined and treated in the privacy of their own room or a private examination room. No residents will be assessed in a public space. Observation of medication pass on 3/14/23, at 4:20 p.m. revealed that Resident R61 received medications from Licensed Practical Nurse (LPN) Employee E1, in the hallway while sitting in a wheelchair by the nurses station. While Resident R61 was trying to take the medications he/she was having trouble swallowing them and needed multiple sips of water. Another resident passing by assisted	F 0550			

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F 0550 SS=D	<p>Continued from page 4</p> <p>Resident R61 with a drink to help with swallowing the medications.</p> <p>After the medications were administered, an interview was conducted on 3/14/23, at 4:28 p.m. with LPN Employee E1 who confirmed that it would have been more appropriate to administer the medications for Resident R61 in his/her room or a private area to ensure resident dignity.</p> <p>During an interview on 3/16/23, at 1:00 p.m. the Director of Nursing confirmed that Resident R61 should not have had his/her medications administered in the middle of a busy hallway with other residents and passers by present to observe and that residents should receive medications and care in a private area to maintain dignity and respect.</p> <p>28 Pa. Code 201.29 (j) Resident rights</p> <p>28 Pa. Code 211.10 (c) (d) Resident care policies</p>	F 0550			

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F 0684 SS=D		F 0684			

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F 0684 SS=D	Continued from page 6 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	R61 will have their medications reordered in a timely manner. All other residents will have their medications reordered in a timely manner. The Nurses will be educated by the Director of Nursing/designee on informing the physician when medications need reordered to ensure timely care delivery. The Nursing Home Administrator will monitor the Director of Nursing/designee to ensure completion. The Assistant Director of Nursing/designee will audit the twenty four (24) hour report, and the pharmacy recommendation report daily for any medications that need reordered daily; five (5) times a week times for four (4) weeks; weekly times four (4) weeks; and then monthly times two (2) weeks. The facility will complete a whole house audit to ensure that all	Completion Date: 04/27/2023 Status: APPROVED Date: 03/29/2023	

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F 0684 SS=D	Continued from page 7	F 0684	<p>residents have medications reordered in a timely manner.</p> <p>The Director of Nursing/designee will monitor to ensure the audits are completed.</p> <p>Results of the audits will be reported at the Quality Assurance Performance Improvement meeting.</p>		

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F 0684 SS=D	<p>Continued from page 8</p> <p>Based on clinical record review, and staff interviews, it was determined that the facility failed to reorder medications in a timely manner for one of three residents reviewed for medication administration (Resident R61).</p> <p>Findings include:</p> <p>Review of Resident R61's clinical record revealed an admission date of 3/10/22, with diagnoses that included acute respiratory failure, cognitive communication deficit, Alzheimer's disease, dementia, major depressive disorder, anxiety disorder, undue concern and preoccupation with stressful events, and age related physical debility.</p> <p>Review of Resident R61's clinical record revealed a physician's order with a start date of 7/13/22, for Lorazepam tablet 0.5 milligrams (mg) give 1 tablet by mouth three times a day for anxiety disorder for 180 days. This order expired on Monday 1/9/23, and was not reordered until 1/11/2023, at 8:00 p.m. for Ativan tablet 0.5 mg (Lorazepam) give 1 tablet</p>	F 0684			

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F 0684 SS=D	Continued from page 9 by mouth three times a day for related anxiety for 180 days. Resident R61 missed six doses of the medication. The facility could not produce a policy regarding timeliness of reordering expired medication orders. During an interview on 3/16/23, at 1:30 p.m. the Director of Nursing confirmed that Resident R61 missed six doses of the medication Ativan for anxiety between 1/9/23 and 1/11/23. The medications were not reordered in a timely manner after the order expired. 28 Pa. Code 201.18 (b)(1)(3) Management 28 Pa. Code 201.18 (d)(3) Management 28 Pa. Code 211.12 (d)(1)(5) Nursing services	F 0684			

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F 0684 SS=D	Continued from page 10			F 0684			



Certified End Page

LECOM AT PRESQUE ISLE, INC.

STATE LICENSE NUMBER: 530402

SURVEY EXIT DATE: 03/17/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY